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Original

CONVULSIONS IN CHILDREN.

BY C. F. MARKEL, M. D., COLUMBIA, PA.

In selecting this subject I am convinced that while the disease is of a very common occurence there is perhaps no other ailment of such vital importance to the general practitioner as is that of convulsions in children. Our memories are fresh with experiences, of hurried calls, from parents whose excitement knew no bounds, only to reach the bedside of some little sufferer, whose condition, although of the most alarming and dangerous character, bids defiance to immediate interference. Hardly ever do we fail to find the powwowing medium, ensconced in some remote corner of the room, who after exhausting her omnipotent powers at restoration has resorted to the powerful influence of table salt to the patient's lips, crushed raw onions to the soles of the feet and wrists, together with a crock of water beneath the bed, sufficiently large to drown the dreaded demon who holds the fort. The first and most important duty of the physician is to summarily and without ceremony fire the powower. The next to relieve the child of the torture imposed upon it and give nature an opportunity to operate. While this process is goin on it will be well for us to consider the surroundings, conditions and probable causes of our patient's malady. We are told that some of the predisposing causes of convulsions are local irritation. They may also be termed sympathetic, when they are a forerunner of any of the specific fevers. They may be symptomatic, when occurring as ar esult of an injury.

Read before the "Lancaster City and County Medical Society at the March meeting.

When this is the case they usually affect only one-half of the body. However, the real cause of convulsions resolves itself strictly into a chemical and physiological consideration. One of the most important of these is the existence of an unduly excitable nervous system in young children who have inherited this tendency from their parents. It may also be due to a low state of vitality. I might mention as a few of the exciting causes the process of teething, an overloaded stomach, or some form of indigestible food; diarrhoea and worms also find a place as excitants to convulsive paroxysms. Whatever may be the exciting cause which produces convulsions, experience shows us that there always exists a frequent pulse and a very high temperature prior to the attack. The death-rate from this disease, especially in infants, is somewhat alarming, this fact being largely due to our inability to administer the proper remedies, because of the muscular jerkings, and the locked condition of the jaws. Certain it is that we are called upon to treat few diseases that are more formidable or more fatal than convulsions. We are expected and urged upon by parents to do something to save the child's life. We have medicinal agents at our command. We know that chloral, bromide of potash, opium, hyoscyamus, valerian and other anti-spasmodics are indicated. We know that if the patient's stomach is overloaded with indigestible matter that the proper thing to do is to administer a prompt emetic. We know that large doses of calomel or other active cathartics are indicated if the trouble originates from a locked condition of the bowels. And yet, notwithstanding these facts, we are constantly called to cases of infantile convulsions over which these remedies seem to exert but little if any control. Indeed, in a large number of cases we find it impossible to administer any medicine whatever. In such cases it is customary to look to the condition of the skin, bowels, head, etc., by using enemata, warm baths, cold to the head, if indicated, and sometimes if not indicated. This is done in many cases, rather to relieve the great anxiety of the parents than to improve the condition of the patient. But, granting that these remedies and applications do result in good effect upon some, what shall be done with those in which they fail to improve? It is of these latter cases (which are generally of a subacute or chronic form, and which, on account of their duration, exhaust the little patient to such an extent as to prevent its recovery), that claims our attention.

Fortunately we have what may be considered a specific for this condition of affairs. I mention chloroform as a specific. I have used, and know of others who have used this remedy with great satisfaction to themselves and that of the family. The value of this remedy can best be proven by citing a few of many cases which were treated in this manner. In March, 1877, the writer was called to see a child 8 months old who was suffering with violent convulsions. Upon inquiry I found that the family physician had seen the patient earlier in the day, and had given an enema and a warm bath, and directed that 1-12th of a grain of calomel, combined with 1 grain of sugar, be given every half-hour. In addition to this bromide of potash and chloral, with tr. of hyoscyamus and syrup was ordered to be given, providing the clenched teeth would not prevent. But as the convulsions continued, none of the medicine could be given. The patient at this time was bathed in profuse perspiration, pulse so rapid that it could not be counted, and the pupils dilated. In the absence of the family physician, seeing that the child was rapidly becoming exhausted, a half ounce of chloroform was ordered. This he was allowed to slowly inhale, until he became thoroughly relaxed, when in a few moments the convulsions ceased entirely. The pulse now became more regular and full. The breathing was calm and easy, and the child passed into a sweet sleep, which proved a great source of relief to parents and physician. There was no return of convulsions, and the child made a speedy recovery. Another case was that of a boy 9 years old who took

convulsions at midnight. Was called an hour later. The boy had never had any trouble of this kind before, and there seemed to be no assignable cause. The usual remedies and local applications were resorted to, but no impression could be made other than that the bowels moved freely; but spasms continued without abatement. Chloroform was now resorted to, and continued until the patient became thoroughly nauseated; this was followed by copious vomiting. The contents of the boy's stomach had the effect of refreshing the memories of his parents of the fact that the boy had paid a visit to his grandparents the day before, where he had indulged in large quantities of peanuts, popcorn and prize packages. After the stomach was emptied the lad had no more convulsions. Even had I known the contents of that stomach I know of no emetic which would have acted as effectually and promptly as did the chloroform. Allow me to refer to one more case. This was not a child, but a young lady 22 years of age, who was suffering from spasms of a hysterical character. In this instance two physicians were sent for at the same time. I was the first to arrive, and fully a half hour elapsed before Dr. B. arrived, during which time I busied myself with all sorts of remedies at command, together with a host of local applications, with the result that it required the combined efforts of the family and doing herself bodily harm. About the time matters had come to a crisis, myself to prevent the patient from so far as excitement was concerned, Dr. B. arrived, and without even feeling the patient's pulse, drew a small vial out of his vest pocket, applied its contents to a handkerchief, and allowed her to take a half-dozen whiffs, with the result that she opened her eyes, looked around the room and inquired what the trouble was about. The convulsions were at an end, and I need not tell you that Dr. B. has since been the family physician in that home, all because I failed to take my chloroform with me on that occasion. In concluding my paper I wish to say that, while it is my opinion that chloroform is a specific in the treatment of convulsions, it is nevertheless important to exercise care and a certain amount of precaution in its administration, and much depends upon the manufacture and quality of chloroform. My experience has proven that Squibbs' manufacture, although more expensive than others, is always reliable and trustworthy. There are other remedies which have proven advantageous, all of which are familiar to the practitioner, but they are usually of little value, because of the inability to administer them, while chloroform can be given when the convulsions are locking the jaws and distorting the muscles of our little patient, and usually with very happy results.

HYDROLEINE IN MALNUTRITION.

BY EARNEST B. SANGREE, A. M.,M. D., PROFESSOR OF PATHOLOGY AND BACTERIOLOGY IN THE MEDICAL DEPARTMENT OF VANDERBILT UNIVERSITY, NASHVILLE, TENN.

The cell is a nucleated mass of protoplasm. Such is the definition usually given, and it is simplicity itself. But though the definition is so simple the structure of the protoplasm is so complex that no chemist has as yet succeeded in analyzing it, and its actions in the organism are so complicated that no physicist or biologist has been able to explain them. Nature, however, has so arranged that under the normal conditions of inherent good vitality and proper environment this complex and complicated piece of mechanism, be it the monad amoeba

or the celluar unit in the highly organized elaborated human body, performs its functions quietly, certainly and, to the organism, unconsciously. In a word, the single healthy cell, wherever it may be, is able to appropriate nourishment with which to feed itself, to grow, to multiply and to perform function. The higher the structure the lower are its powers of resistance. Compare, for instance, the resistance of a baby with that of any of the new-born of the cold-blooded animals. So we find, as one would naturally expect, in an organism as highly elaborated as is the human, that disturbance in one organ or member affects generally the entire body. One may break a leg off a spider or the tail off a water salamander, and the animal will not be particularly disturbed; another leg or tail will replace the old one. But the amputation of a leg or an arm from a man means not only life-long deprivation of that limb, but often also somatic death through shock of the operation alone. The hydra viridis can be turned inside out and still go on living just the same; but in the human simply interfere with the elaboration of his bile, and a well man is not only converted into a sick one, but the moral nature of one who ordinarily manifests the most benignant qualities may for the time being be changed into that of a half demon. Fortunately for us, nature has a disposition and a desire to keep us in health, probably evolution having discovered that in organized beings the vital functions are performed easiest in the lines of least resistance, and this condition is that which we know as health. Since we unfortunately know very little definitely as to how these vital activities are carried on, it is plainly our duty when something clogs the mechanism to remove the obstacle. A headache, for instance, that comes from the auto-infection of an intestine full of fecal matter, is much better treated by a dose of salts than by a headache mixture. And so it seems to me that malnutritions of various kinds are often much better treated by foods than by tonics. The most common and important malnutrition that we have to deal with is that caused by consumption. Here the surplus energy is disappearing under the rapidly-beating heart, the fever and the increased destructive metabolism from the presence of the micro-organisms. At the same time the weakened system is clogged with waste products which it has not vital activity enough to eliminate. We do not know how to kill the germ; fever medicines are almost useless, probably worse than useless. Tonics are often not aken up. What are we to do? To my mind there are two main indications for treatment. Although there is no medicament in our armamentarium that can manufacture vitality in a dying cell, nature can. Therefore give the organism food. Keep the various emunctories in as active a condition as is necessary, and give food, assimilable food without stint. Feed the patient more than enough both for himself and the bacilli; for by every unit of strength he gains his cellular structures become just that much more resistant to the attacks of the micro-organism. The other indication is, make the best environment. Beautiful and conclusive experiments on the lower organisms, which this is not the place to recapitulate, have shown that environment has a wonderful effect on the well-being of organized structures, and if on these lower vitalities it probably has even more on the hughly elaborated sensitive human mechanism. This subject, also, should receive earnest and thorough attention. But, unfortunately, in the majority of cases change of environment is impossible; consumption does not attack only the rich, for the poor working girl, the shop boy, the day laborer's wife with her dependent little children. We must fall back on food. What food is the best? I believe cod liver oil to be par excellence the best food in the great mass of tuberculous cases, as well as in any other instances of marked loss of adipogenetic power. Here again, however, we meet with difficulties. The weakened and irritable digestive organs are often unable to assimilate the oil, and its presence in the internal economy under such

circumstances is the reverse of beneficial; it is hurtful. To give the food is not enough; we must see that it is taken up. This condition exists so commonly in people who are in need of reconstruction that I rarely deem it advisable at first to prescribe the pure oil; for the last four years have usually begun with hydroleine, and in most cases have used other preparations. Hydroleine contains some 7 per cent. of well emulsified oil, and in addition carries with it the digestants necessary to assist those organs whose duty it is to see that the oil is properly prepared and delivered to the absorbents. In each dose there are: Soluble pancreation, 5 grains, soda, 1-3 grain, salicylic acid, 1-4 grain. With this preparation of oil I have been particularly fortunate, having yet to meet with the first person that could not take it and keep it down. It is usually best given after meals, but in a few cases where oily eructations and nausea occurred I have ordered it to be taken before meals with uniformily good result. I particularly recall one case of its undoubted efficacy in tuberculosis.

A German woman of some 40 years of age, thin and nervous, was taken with a persistent cough. She slept in a cold room, lived in a rickety house, worked unceasingly, exposed herself in every possible way. The cought grew worse in spite of medicines given. She became thinner than her wont, and was evidently steadily going down hill. Finally tubercle bacilli were found in her sputum. I then put her on hydroleine; nothing else. Neither habits nor environment could be changed. She was kept continuously on this preparation for three months. Her cough gradually lessened, her fever disappeared, her nutrition improved, and in short she apparently become entirely well. This is now three years ago, and she has since had no trouble that would suggest tuberculosis and enjoys her accustomed health.

Society Reports.

THE NEW YORK ACADEMY OF MEDICINE, SECTION OF ORTHOPEDIC SURGERY.

(Meeting of February 17, 1898).

DR. E. G. JANEWAY, PRESIDENT OF THE ACADEMY, IN THE CHAIR.

Dr. T. H. Myers read a paper on "Non-Tubercular Inflammations of the Spine." The following is an abstract of the paper and discussion:

Dr. Myers said that syphilitic inflammation of the spine was found in all regions of the column, and might involve any of the tissues and any of the vertebral parts, with the exhibition of periostitic, osteitic and other varieties of inflammation. In the cases of two boys, whose histories were related, the cervical and dorsal regions were affected respectively. In the former there was the deformity of wry-neck and in the latter a kyphos. Pain and rigidity were present. There was no history of transmission, but the presence of syphilitic dactylitis and prompt and repeated response to anti-syphilitic medication determined the diagnoses. Both patients were much relieved by mechanical treatment.

Dr. W. R. Townsend said that this form of spine disease was a rare affection. The kyphosis did not differ from that of the spine affected with tuberculosis, and there was generally a history of inherited syphilis.

Dr. R. H. Sayre said that in making a diagnosis in children the presence of multiple arthritis would indicate syphilitic rather than tubercular disease of the spine, especially if the child were under 18 months of age.

Dr. B. Lapowski said that dactylitis syphilitica had no characteristic symptoms, and was therefore valueless in distinguishing between syphilis and tuberculosis. Neither was a response to anti-syphilitic treatment a certain guide since anti-syphilitic medication produced good results in tubercular diseases and of late hypodermic injections of sublimate had been used with good effect in gonorrhoeal rheumatism.

The president said that it was not rare to see a person suffering from both tuberculosis and syphilis. He had also seen cases which were thought to be tubercular, but which yielded to anti-syphilitic treatment.

Dr. Myers said that the relation of congenital syphilis to tuberculosis was not well understood. It was possible that transmission might make the offspring a more than usually favorable soil for tubercular infection. Moreover, there were cases of a mixed infection, a tuberculous subject acquiring syphilis or vice versa.

Rheumatic inflammation of the spine was more certainly recognized. In rheumatoid arthritis, which was by far the most common, other joints were also affected, and there was slowly increasing and poorly defined deformity from inability of the column to withstand the superimposed weight, with a varying degree of pain. Mobility and pain declined together, and the latter ceased when anchylosis was established. The bones exhibited sclerosis with atro-

phy and absorption under pressure. Active medication was required with protection and immobilization. Every effort should be made to secure anchylosis, if it was inevitable, in the best possible position of the spine.

Dr. C. C. Ransom would make a clear distinction between spinal rheumatoid arthritis and rheumatic disease of the spine. The latter affection, when limited to the spine, was comparatively rare, and usually affected the lower dorsal and upper cervical regions, rarely exhibiting cartilaginous and osseous changes, and fibrous anchylosis due to ligamentous changes only in very exceptional patients and in those of advanced years. Rheumatoid arthritis of the spine, on the other hand, exhibited muscular atrophy, deposits about the joints and characteristic deformities of other affected joints. In its treatment the classic remedies used in rheumatism had little if any effect, and, with the exception of iodide of potassium, were apt to do more harm than good. In the treatment of rheumatism of the spine, however, the methods usually employed in rheumatism would be found to give good results. Specific remedies, such as salicylic compounds, iodide of potassium and colchicum, might be used in the active stage, and to relieve distressing symptoms. But to cure the trouble our dependence must be on general tonic and hygienic treatment, including iron, arsenic, the hypohosphites, hydrotherapy, massage, and, when pain or motion had sufficiently subsided, proper forms of active exercise, regularly carried out.

Dr. Townsend could recall but one or two cases in which the diagnosis of rheumatic affection of the spine could be clearly made out. He referred to rheumatic changes in the bones and joints of the spine. Rheumatic pains affecting the spinal muscles were sufficiently common.

Dr. Sayre recalled a case which at first seemed to be tubercular inflammation of the cervical spine. There were pain and limited motion. A support enabled the patient to move without pain. Different diagnoses were made by a number of observers. Syphilis was eliminated. Atrophy and an inelastic condition of the muscles suggested a nervous origin of the trouble. The inflammation progressed, and a few years later the entire spine was rigid. Stiffness of the costo-sternal and costo-vertebral joints interfered with full respiration, and other joints were involved. There had been some relief from gentle massage.

Dr. Myers said that the diagnosis of malignant disease of the spine was readily made in cases in which a malignant growth had already occurred in another part of the body, but if the primary manifestation was in the spine the affection might be overlooked. The growth might infiltrate the bodies, transverse processes, laminae and spines or occur externally on the sides of the vertebrae. Small metastases might occur in the neighborhood, and the spinal nerves were oppressed by invasion of the inter-vertebral foramina. The average duration of life after the onset was eight months. The most constant symptoms were pain and motor paralysis. Kyphosis was found in some cases. Severe pain and the occurrence of sensory paralysis before the appearance of the motor symptoms were considered as rather diagnostic.

Dr. V. P. Gibney said that this affection was very interesting to the general practitioner, and to the specialist, because of the peculiar symptoms and the difficulty of making the diagnosis, which, however, could as a rule be made early. The severity of the symptoms was so great and the pain in certain regions was so acute and persistent that their significance could generally be recognized. Another point was the cicatrix in the mammary region, showing a previous amputation of the breast, a fact which was often concealed by the patient. If this was found, the disease of the spine was undoubtedly malignant.

Dr. B. F. Curtis had operated in a case in which the diagnosis was uncertain. The patient was a woman of 35 years. The right breast had been amputated a year previously for a supposed malignant growth. She had complained for five months of pain, not very severe in the back

and chest. Examination showed practically nothing. Later the knee reflex was lost, and very soon anaesthesia appeared. The prick of a pin was not felt below the level of the umbilicus. There were retention of urine, involuntary discharge of faeces, complete paralysis of the lower extremities and kyphosis in the mid-dorsal region. A bed-sore developed over the sacrum. The patient was examined by a number of men whose diagnoses varied from secondary deposit to Potts' disease. Operation was urged, and, rather against his own judgment, as he favored the former opinion, he was induced to do a laminectomy on the 5th, 6th and 7th dorsal vertebrae. He found the cord slightly compressed and congested. The 6th dorsal was softened and projected somewhat against the anterior surface of the cord. There was, however, no marked thinning of the cord, and nothing in the cord to account for the severity of the symptoms, which were not relieved. The wound healed by primary union, but the bed-sore was very extensive, and the sacrum necrotic. The patient died of sepsis on the 16th day after the operation.

Dr. C. N. Dowd referred to the tendency of breast cancer to form spinal metastases. In 29 cases there were five in which this had occurred. The suffering was intense. The possibility of such a metastasis was a strong argument for early operation on the primary growth.

The president said that primary malignant disease of the spine was rare, but its appearance secondarily was not uncommon. In the latter case, if the pain was severe, the diagnosis could generally be made. The diagnosis of primary new growth in the spine was more difficult, but could usually be made by watching the course of the case. There was usually great pain and often paraplegia, so that the name paraplegia dolorosa had been applied to the disease. There was no pain more severe. If the patient developed pain in the spine after having had a tumor removed there was probably a location of the disease in the spine, although the surgeon who operated might not want to admit it.

Dr. S. Lloyd had operated for the removal of a hydatid tumor of the spine in a case in which the diagnosis had long been uncertain. There was a distinct kyphosis, and among the symptoms had been pain in the lumbar region, partial sensory and complete motor paralysis, vaso-motor disturbances, sphincter paralysis and cystitis. The patient had been treated by a number of surgeons for tubercular disease of the spine. Nine years from the beginning of the symptoms the tumor was discovered and removed from between the processes of the 8th and 9th dorsal vertebrae, where the adjacent bones were eroded. The paralysis disappeared, and the man went back to his trade. A few months later he died paraplegic after being crushed in a railroad accident. The spine was fractured, and at the autopsy two hydatid cysts were found in the cauda equina.

Dr. Myers said that gonorrheal inflammation of the spine was a very rare affection, and that typhoid spine was more common, depending on an inflammation of the periosteum or other fibrous structures. Infectious inflammations of the spine followed attacks of the infectious diseases of childhood. He gave histories of two cases in which wry-neck, not differing from that of vertebral caries, had disappeared without sequel after treatment by the application of a brace with a chin-piece.

Dr. Sayre had seen only one case of gonorrheal disease of the spine. The history was clear, and there were pain and disability of the spine, a slight kyphos and stiffness in the other joints. He had seen a few cases in which erosion by an aneurism with marked kyphosis had been confounded with Potts' disease. Cases were on record in which suspension for the reduction of the kyphos had been followed by rupture of the aneurismal sac and death.

The president said that several such cases had come under his observation, which had been supposed to be tubercular disease of the spine. In one the patient suddenly fell back in bed and expired.

Dr. Myers said that traumatic in-

flammation of the spine was seen in adults more often than in children, and was usually the result of considerable violence. The kyphos was not often significant. An abscess sometimes followed, and the symptoms might include pain in the spine, not anteriorly, great disability, muscular twitching and exaggerated knee reflex. The prognosis was good, except in severe injuries. Fracture should be carefully protected, and for a long time.

Dr. Lloyd said that the violence might cause tearing of the muscles and possibly an infected inflammatory area with rigidity, but without kyphosis. There might be paralysis below the point of injury, with rectal and vesical symptoms, and in some cases an abscess, with finally good recovery. In other cases a greater degree of violence produced partial dislocation or fracture, with or without kyphosis. In these cases the crepitus was especially important, as symptoms of compression of the cord might not appear till two or three weeks after the injury.

Dr. G. R. Elliott said that when we had a distinct lesion of the spine, such as fracture of the vertebrae, laceration of the ligaments, extradural hemorrhage, the cord itself escaping, together with clearly demonstrable objective signs, such as possible bony changes, muscular atrophy, some motor paralysis and distinct electrical degenerative reactions, we had a condition far from common, and one very much more valuable in a medico-legal sense than the neurotic symptom-group called railway spine, which, when standing alone and unsupported by objective signs, admits of endless neurological speculation.

The president recalled the case of a woman who had been shot in the mouth with a blank cartridge. Stiffness of the neck and spinal paralysis developed, and the autopsy showed suppuration running down the cervical vertebrae beneath the periosteum and into the inter-vertebral foramina, with a secondary inflammation of the cord. Also the case of a boy who had been kicked over the sacrum and who was suffering from what was supposed to be spinal meningitis. An autopsy showed necrosis of a portion of the inner surface of the sacrum, with exudate outside of the dura mater, but running along the roots of the nerves, and also an inflammation with exudate intradural and subarachnoid.

Dr. Townsend said that instances of non-tubercular inflammation of the spine were extremely rare in comparison with the vast number of tubercular cases which came under observation and treatment.

Dr. A. B. Judson said that when a patient complained of spinal pain and spinal disability, the first thought was to exclude Potts' disease. It was strange that these symptoms were not found in a condition so closely simulating fracture or the worst type of traumatism. On the other hand, in the non-tubercular inflammation, as a rule, spinal disability and pain were early and prominent symptoms, marking a frank and sometimes alarming onset, very different from the long-continued and insidious approach of vertebral caries.

Dr. Gibney said that we were not apt to look for tuberculosis diseases of the spine in adults, while they were very frequent in children.

The president said that the possibility of making a mistake should be borne in mind; for instance, in an injury occurring in a man who was both tubercular and syphilitic. The only way was to go over all the points of each disease and exclude as many as possible, not forgetting that two diseases might be present in the same patient.

Dr. Myers said that if a patient were curable within a year the diagnosis of tuberculous spondylitis should be reconsidered. From a medico-legal standpoint it was important to remember that a considerable number of chronic and increasing kyphoses were not tubercular in their origin, and that such disabilities should not be rated so high in awarding damages as those which were tubercular. In life insurance, also, applicants with non-tubercular impairment of the spine should have a more favorable consideration than those whose disability had a tubercular origin.

Editorial

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CEASE FIGHTING.

The personal feeling often times engendered in medical discussions, should be strongly deprecated. As scientific men whose chief aim and purpose in life is to cure disease, and when once contracted to do our utmost in aiding nature to rapidly return to a standard of health, we should be above those petty, personal discussions which oftentimes are seen in our leading medical journals. Of what earthly use is it to call a man an "obscure practitioner," practicing in an "out-of-the-way place," or to make other references of a similar character in order to cast a slur on his arguments? We fail to recognize the connection. Sound, substantial argument never requires personal attacks, and the very moment a man indulges in the latter all fair-minded men immediately begin to question the validity of the accuser's position.

Environment does not make the thinker, whether a man lives in New York or Kalamazoo. His opportunities, of course, may be increased, his judgment intensified, his facilities for clinical observations widened, but back of all these advantages stands the man himself; and it is safe to say there is as much original thinking in the so-called country practitioner as there is to be found in many of his more happily-favored city colleagues.

We cannot all be suns in the firmament of medical astronomy, but each of us can be stars of greater or lesser magnitude, not striving to surpass the other in the brilliancy of our light, but uniting our rays to dissipate the darkness by which many medical problems are obscured. Cease fighting, brothers; cease fighting.

POST-PARTUM ECLAMPSIA.

In the treatment of eclampsia of pregnancy the preponderance of opinion in America appears to be favorable toward the induction of premature labor. In this connection Maygrier (Progres Med.) writes that a primipara, aged 26, was admitted into the Lariboisere Hospital in labor at term. For a month she had been subject to headache and edema of the legs. Within eight hours after delivery she had a fit, followed by three more within three hours. She was conscious between the attacks. After an interval of four hours a fifth fit came on, followed by coma, which terminated within an hour by death. As a rule, post-partum eclampsia, Maygrier observes, is mild. This case does not support the current theory that in the eclampsia of pregnancy it is advisable to induce premature labor. Maygrier is opposed to this practice, but when labor sets in he terminates it as quickly as possible in the interests of the mother and child.

SHALL THE THREE GREAT MEDICAL SECTS AFFILIATE?

Dr. Emory Lamphear, in the American Journal of Surgery and Gynecology, editorially attempts a solution of the rivalry of professional talent in line of peace. We quote below a few paragraphs, leaving it in the minds of our readers to decide for themselves the question of its adaptability to circumstances:

"It is probably true that the doctors are themselves greatly to blame. The way in which members of the "regular" (!)—God save the mark!—profession have vilified and abused their "homeopathic" and "eclectic" brethren in the past and the spirited manner in which these practitioners have repelled the attacks, have had much to do with the fall in public opinion. The time is ripe for the burying of sectarianism in medicine. If the progressive, honest, far-seeing members of the American Medical Association will openly and freely pass a resolution which shall allow all affiliating bodies to accept for membership graduates of reputable homeopathic and electic schools, who do not use the term "homeopath" or "eclectic" to trade upon, who are simply known as "physicians" and practice as they please (as do we all), and allow consultation with such practitioners, the problem of obliteration will soon solve itself; and one of the chief obstacles to proper medical legislation will have been removed."

"Kansas has taken the lead in the matter—as she so often does in matters of reform. This year the "regular," the "homeopathic" and the "eclectic" societies are to meet at the same time and place, and some joint sessions will be held to take united action for the purpose of securing needful medical legislation in that State. What will be accomplished remains to be seen; but it is not at all unlikely that if the American Medical Association were governed by liberal-minded gentlemen and would permit such action these three bodies of Kansas medicine men might be amalgamated, with the effect of forming one powerful

organization, which could be wielded for the public good, effectually and speedily. As it is, each must of necessity remain suspicious of the other and antagonize rather than support any measure which might possibly give the rival a supposed advantage."

"All this is unnecessary, disgusting, in this day of liberalism. There is in man no stronger impulse to fight than in defense of his religion; yet at the close of the nineteenth century, under the broadening influence of liberal education and the democratic spirit which is affecting men of every clime, religious barriers are melting, as ice in the summer's sun. Why, then, should the less important divisions between medical sects remain undisturbed? They are out of harmony with the day in which we live."

"What is the remedy for this one great cause of degeneracy? Let every city and county medical society in the country which is in affiliation with the American Medical Association pass this resolution and instruct its delegates to vote for it:

"'Resolved, That henceforth all local and State medical societies in affiliation with the American Medical Association be permitted to admit to full membership any graduate of a reputable homeopathic or eclectic college who is an honorable man, a conscientious practitioner, and who does not use the name "homeopath" or "eclectic" upon his sign or card or in any other manner calculated to secure business upon the assumption that he is practising some peculiar system of medicine.'

"Another indication of the general lowering of professional standing is the condition of the advertising pages of many medical journals of to-day. Time was when no secret remedy could secure insertion of an advertisement in any medical journal presumed to be 'half-way decent;' indeed, it would have been folly to place it there even if the editor and publisher would permit it—there was none so low as to prescribe it, and the money paid would have been wasted. What of to-day? A dozen journals of America are carrying the ad. of 'Candy Cascarets' —a patent medicine pure and simple —with no pretense of a publication of even a supposed 'formula;' still more are running the advertisement of 'Ripans Tabules' —a patent medicine under the control of Geo. P. Rowell & Co., the advertising agents of New York City—and not a doctor in America knows their composition; 'Antibrule,' a new St. Louis remedy of unknown composition, is equally conspicuous upon the sign boards along the streets, on the street car placards and in the pages of medical journals, edited by highly ethical members of the American Medical Association; and now comes the 'old standard household remedy, Ayer's Cherry Pectoral,' and applies for admission to the advertising pages of some forty of the prominent journals of America! It will undoubtedly secure space in a large number.

"This condemnation of patent medicines of unknown composition must not be taken as including the proprietary articles of known formula so widely advertised and used; many of them are of undoubted utility—some of great excellence. But no physician should ever prescribe, and no medical journal should ever advertise, any remedy which has not its formula always kept prominently before the eye of the physician. That the remedy should not be presented to the general public except through the prescription of a physician is also a reasonable demand upon the part of the medical profession, but one that cannot be well enforced in the matter of infant foods, cod liver oil emulsions and the like; and certainly cannot be with patent medicines like the ones mentioned. Some manufacturers, like the Antikamnia Chemical Co. and the Imperial Granum Food Co., are making conscientious efforts to keep the people from buying their products except upon the advice of physicians, are rigidly excluding their advertising from the general public—and so deserve the hearty support and encouragement of the medical profession. Of some others, who are reaching out for the 'dear public,' as well as the 'dear doctor,' as much cannot be said."

Correspondence.

NIGHT-MARE.

To the Editor of "Times and Register:"

I have this consolation with regard to any ignorance I may manifest on this subject, that my readers are equally ignorant. I have been able to get only the smallest help from physicians and none from their writings on this subject.

It is not a character of case in which a physician can do a paying practice, but still it is in his line of study, and suffering humanity looks to the profession to find if possible some cure for the incubus.

Who are subject to night-mare? I have not been able to discover any special class of persons subject to this sleep torture. The rich, the poor, the vital, the strong, the nervous, the weak, the student, the illustrious, the indolent and the industrious all seem alike subject to it. Some of all classes never have it.

Symptoms: The only symptoms before going to sleep are nervousness, insomnia and distinct visual conceptions on closing the eyes, especially if of an unpleasant nature. It amounts at times to dreaming before going to sleep. The symptoms in sleep are unpleasant dreams, especially those in which we are not able to avoid dangers, troubles and enemies, and those in which we are not able to do what we attempt. The first thing one should do in such cases is to wake up. But, says a friend, when he goes to sleep he generally forgets to carry his "wakes." The more one practices the oftener he will think to carry his "wakes" with him. When one arouses from such dreams his symptoms are a fall of temperature, intense drowsiness, so much so that he is often sound asleep again in a few seconds, and only to suffer the dreaded night-mare, which he might have escaped if he had only understood the warnings of his dreams.

At such a time one should never fail to get up, light the lamp and thoroughly rouse himself before going back to bed. A sip of whisky is a sure preventive of a return of the incubus that night.

If one does not wake until the paroxysm is over, he is warm enough, perhaps in a profusion of sweat, and is not at all sleepy. I have never been able to find but one case of visual observation of a person suffering with night-mare. Mr. Gillespie, living near Ripley, Tenn., stated to me that once while sleeping in the daytime out in his yard he was taken with a severe night-mare, that a neighbor rode up to the gate and called him by name; he knew who the neighbor was before he reached the gate or called. The neighbor saw from his stillness and blackness in the face that something was the matter; dismounted, ran to him, observed his neck vein as large as a man's finger and black, and lifted him to his feet before he awoke. The neighbor failed to report whether Mr. Gillespie's eyes were open or closed, a very desirable question to know, for how did he recognize his neighbor with his eyes closed and sound asleep? An interesting psychological problem might arise from its answer.

I know a Dr. Lackey, who was, while living, subject to the most frightful spells. He was usually attacked in his soundest slumber, and could rarely awake at the end of his suffering, but would leap from his bed in such a fit of excitement as sometimes to alarm his neighbors across the street at the dead of night. One night, in a severe attack, and after the smothering sensation had passed off, he thought the ceiling was falling in on him; he sprang out of bed to run, thought of his wife, turned back at his own risk to save her, gathered her in his arms, and was just in the act of dashing

her through the window, in order to save her life, when she, by slapping and calling him, checked him in time to save herself from taking passage through the window. His opinion was that uremia is the cause of night-mare, brought on mostly by exhaustion or imprudence. He gave me permission to publish these facts. Children sometimes have what is called night-mare. They spring out of bed greatly frightened, and remain so sometime before they can be persuaded to go back to bed again, and next day remember nothing about it. Such cases are, I am of opinion, caused by night-mare and inability to awake after it ends. There seems to be such a state as some parts of the mind being sound asleep and other parts awake, as in cases of somnambulism. When the incubus attacks me the first thing I do is to wake up; the second thing is with much struggling to throw it off, and the third is to wake up again, as the first waking was a mistake.

With much practice I have gotten so I can breathe rapid and short, groan, rock my body a little, mov one arm and one leg, but with all my expertness I cannot perform more than one of these at a time. When I am where someone can hear me I groan like no other man can groan. I do this to get help, and it usually so frightens a body, for they think I am dying, that help comes quickly. My family have learned the groan "by heart," and sometimes awake me by the time they awake themselves.

The conditions necessary to bring on the trouble are, first and chiefest, exhaustion, then indigestion, oversleep and sleep at unusual hours. Exhaustion produced by great care trouble, sorrow insomnia, severe mental or physical work are prolific causes of incubus to those who are subject to it.

The positions in sleep most likely to bring on suffering are, sleeping on the back, with a low head, or sleeping on the side, inclined backward, with face turned directly upward. Some think it is more likely to come on while sleeping on the left side than on the right, but I am not able to give an opinion. I have it about equally on either side. Put a pillow under your shoulder and two pillows on your bolster under your head, sleep on your side and every time you wake up turn over and try the other side, and you need not be much afraid of night-mare. Sleep in a sitting position, or leaning back in a chair, one is perhaps never troubled with bad dreams or night-mare.

Bad dreams are the greatest blessings that come in sleep; they have doubtless saved many lives. They are precursors of the half-death, and give such excitement to the person as to lessen the severity of the attack, and sometimes to cause awakening before the attack. I have learned by experience, with a tolerable degree of crtainty, to wake when my dreams become unpleasant. I have waked at all points from a too sound sleep to the incipient paroxysm, and even when it had gotten hold of me. I always take observations at such times. Perhaps the most important discovery I have made with regard to it is the low sensational temperature preceding the attack, and the tendency to catarrhal congestion. I feel sure I am correct in this, for I have corroborated it by many observations. I think if the mercurial temperature could be taken it would be several degrees, or at least somewhat below normal.

Results: As to results of night-mare we have no statistics, and our conclusions can only be conjectural. It seems the oftener one is attacked the more subject he is to it. These attacks must be very severe on the nervous system, and enough of them doubtless would produce the same effect on the mind as fits or convulsions. It would be interesting to know how much of the imbecility occurring in old age is due to these death-struggles at night. I am of opinion that Secretary Bayard's daughter died of night-mare. Mental and physical exhaustion, caused by the long continued high tension of the mind during the evening's reception, the deprivation of sleep, the excitement and anxiety upon her mind, regarding the next evening's

reception, in which she was to assist Miss Cleveland at the White House, and a long sleep in the day time, any one of which was enough to cause night-mare, altogether may have brought on the night-mare of death. People are occasionally found dead in their beds. I knew a Captain Bernard in Forrest's cavalry to be found dead in his bed one morning after having eaten a hearty supper at night. Doubtless he was a victim of the terrible incubus.

Cause: We now come to mere conjecture. We are of opinion, however, that it is caused by the blood's flooding the motor nerves at the base of the brain. That difficulty is brought on by sleeping on the back, or even when the head is turned back with the face up, or with a low head, points to such a cause. These are the nerves that control the motions of the limbs; that we are unable to move during the incubus indicates that these nerves must be affected. Dr. R. S. Groin, of McKenzie, Tenn., was once trying to extract a bullet near the jugular vein, when the patient with convulsive gasps fell over as if dead. The doctor, guessing that the ball had pressed against the vein so as to check the flow of blood from the head, quickly cut the temple artery which gave relief. This shows that a garge of blood in the head destroys power to act, and even life if continued. The intense coma preceding night-mare, and preceding convulsions may have a kindred cause. The burning up of the muscles and tissues by the oxygen of the blood, generates energy or heat in the person, but it is a destroying process. The blood also carries and deposits nutriment to the depleted tissues. In the day the former process is the greater, in the night, or rather during sleep, the latter is. In a person greatly exhausted the building-up process goes rapidly on while sleeping. All the energies of the system seem to be withdrawn from the functions of thought and motion, consequently but little of the consuming process is going on, sleep becomes deep, the production of heat lessened the blood slightly cooled, fails still further to burn the tissues to generate heat, and to carry off the effete matter of the body; thus the work grows from bad to worse, the capillaries fail to do their duty, become clogged by effete matter and the blood thickened by falling temperature, fails to return as rapidly as the heart sends it forth; hence the enlargement of the veins, bad dreams and, if the base of the head is sufficiently low to allow a super abundance of blood in it, night-mare. I doubt if indigestion produces the trouble, but when a vigorous stomach attacks a gourmand supper it may so withdraw the vitality from other parts of the body as to bring about the same effect as exhaustion. The sick, I believe, never have night-mare, especially in case of fever. Perhaps because the temperature is above normal. The sick and tired are disposed to rest on their back, as this position is most favorable to recuperation and a low temperature and least favorable to wasting vitality. I think fevered patients would better lie on their backs, but in case of convulsions they ought to rest on their sides, with their heads well pillowed.

E. H. RANDLE,
Byhalia, Miss.

Clinical Medicine.

In charge of DR. J. J. MORRISSEY.

THE BECHTEREW TREATMENT IN EPILEPSY.

De Cesare (Rif. Med.) records eight cases of epilepsy treated for a period of six weeks with a mixture of bromide of potassium, codein and adonis vernalis, given twice a day (Bechterew treatment). In four cases there was complete suspension of the fits, in the three other cases the fits were replaced by infrequent attacks of vertigo, and in the last case there were four attacks of vertigo and two convulsions. In each case the attacks were much reduced in frequency; no bad results were observed. The digestion was not impaired, the pulse was fuller, the temperature normal, diuresis increased, sleep uninterrupted and calm, and the mental condition unchanged. The author believes the results were due to the combination of drugs, and not to the bromide alone.

THE DIAGNOSIS OF EARLY GENERAL PARALYSIS.

Goffroy in a clinical lecture gives some interesting data upon which to base the differential diagnosis of this disease from other conditions strikingly simulating it in character. One patient had been under observation for 14 years, and who was admitted in the first instance as a case of general paralysis, but whose subsequent history proved the diagnosis to be erroneous, as the case afterward proved to be one of paralysis aptaus, and Goffroy, it may be added, points out that the latter disease is itself one of great difficulty to diagnose in some cases. In alcoholic patients there may be tremor of the tongue, lips and hands, and a slurred articulation. There may also be, and this is a fact not sufficiently known, inequality of the pupils. When these symptoms are associated, with a certain degree of mental elevation, it is obvious that a diagnosis of general paralysis is quite justifiable.

In such cases, however, all these symptoms may disappear, more particularly when alcohol is stopped. The author points out that even in such cases the graver diagnosis may be avoided by attention to a few important points; thus, if the inequality of the pupils be accompanied by dilatation or myosis, and if the Argyll-Robertson phenomenon be present, together with loss of the accommodative reflexes, the evidence is in favor of general paralysis, for this association of loss of light reflex has not been observed so far in alcoholism. These signs occur very early in the case, and are consequently of great value in aiding a diagnosis.

PRURITUS AS A SYMPTOM OF GENERAL PARALYSIS.

As an example of the latter he quotes a case of pruritus of the thigh in a neurasthenic male which disappeared entirely with the amelioration of the nervous affection. The first of his general paralytics was a man, aged 35, with a syphilitic history, who had suffered from the disease for a year and a half; from the first he was affected with violent irritation over the whole body, but particularly the face and head, so that he scratched himself till blood came. There was no other cutaneous affection. Four weeks' franklinization relieved both the psychical condition and the pruritus, which subsequently returned together. The pruritus had lasted six months when the author first saw him; it began behind the ears and spread

over the whole body. A month's franklinization again benefited both the nervous system and the skin, both of which subsequently relapsed. The reason that cases such as these have not got into the text-books is that the skin symptoms usually appear early and lead the patient to consult a dermatologist while the nervous affection is still in abeyance; later, when they come under the care of the neurologist the pruritus has disappeared. The close association of the two is shown by their simultaneous amelioration and relapses. The skin symptoms in general paralysis differ from those in tabes and other affections of peripheral nerves in three respects; they lead to violent scratching instead of mere rubbing, they are not associated with trophic cutaneous lesions, and they are eventually general and not localized. This general distribution may be due to a toxemia or to the projection of a general disease of the central nervous system. Against the first view is the absence of other affections of the blood and internal organs; in favor of the second are the demonstrable cortical lesions of the disease. In this case the pruritus would resemble the projected sensations in an amputated limb or the projected aura in epilepsy. It is further noteworthy that with the extinction of the functions of the cortex during the progress of the disease the pruritus disappears as well. The author accordingly concludes that pruritus without accompanying skin changes may be a prodromal symptom of general paralysis, and that it diminishes, and eventually disappears, with the progress of mental decay. There is much probability in the view that the pruritus is a projected sensation originating in a cortical lesion.

UNILATERAL BRADYCARDIA.

E. Moritz (Moscow Congress, 1897) relates a case of cardiac affection—gummatous myocarditis? — occurring in a man, aged 43, with a history of having had syphilis 20 years ago. In the course of four months under anti-syphilitic treatment the symptoms gradually improved. The presence of venous pulsation in the patient's neck enabled Moritz to compare the action of the right side of the heart with that of the left, and he came to the conclusion that at one time the right side of the heart was contracting two or three times to a single contraction of the left ventricle.

Sarbo (Pester Med. Chirurg. Presse, 1897, No. 37) points out that skin symptoms, so well known in tabes and syringomyelia, have not been described in the course of general paralysis, and records two cases of pruritus in that disease. Both belonged to the class of cases in which no other skin change precedes the irritation, which was, moreover, on each occasion at first local and not general. The nervous system can act in two ways in the causation of pruritus, either, as in the case of pregnancy completing the arc of a reflex action, or producing the irritation as a symptom of its own disease.

THE EFFECT OF HYPERPYREXIA ON GONORRHEA.

Aboutkoff reports five cases of gonorrhea in which the temperature rose to 104 degrees F., and even higher, owing to complications of the disease itself (such as prostatitis, pyelitis, etc.), and in one case owing to an attack of enteritis. The effect of this hyperpyrexia was speedily to check the urethritis and cure the disease. This favorable influence on the course of gonorrhea the author explains by the great sensitiveness of gonococci to changes of temperature. Observations made on artificial cultures of these germs have shown that they develop and thrive best at a temperature of 78 degrees F. to 86 degrees F., but that their development ceases and they perish when a temperature of 101 degrees F. is reached.

—Vratch, No. 8, 1898.

CLINICAL SURGERY AND SURGICAL PATHOLOGY

In charge of T. H. MANLEY, M. D., New York

TREATMENT OF GONORRHEA.

Janet (Revue de Therapeutique Medico-Chirurgicale) gives his experience since 1892, when he introduced the irrigation treatment for gonorrhea. He thinks irrigation the best method, and employs it during the earliest stages of the disease; in fact, as soon as the disease is established. He strongly condemns the practice of leaving the urethra alone during the early stage, and thinks such practice is the cause of most cases of chronic urethritis, and of most of the complications of gonorrhea. He maintains that during the first few days the gonococci cause damage to the urethral mucous membrane, and also infect the organism with toxins. Janet states that during his five years' experience he has had no case of stricture or other complication when irrigation was begun in the first stage. As regards drugs Janet still considers permanganate of potassium the best, although in cases where this failed to act well he had good results with itrol and argonin; he has not yet tried Neisser's protargol. His abortive treatment consists in irrigation of the anterior urethra only (unless the second glass of urine is turbid, showing that the posterior urethra is affected), twice a day with a lukewarm solution of permanganate, 1 in 2000, from a height of 50 cm. above the penis. After three or four days the irrigations are done every eighteen hours, then every 24 hours, the solution being strengthened up to 1 in 1000 by the eighth day. If the discharge is then mucous, and contains no gonococci, the irrigation is left off. If there is recurrence, or if the posterior urethra is affected from the first, complete irrigation of the whole urethra is practiced, the anterior urethra being previously cocainized. The douche vessel is raised to 1 metre above the penis, and the patient told to attempt to micturate; the solution is then allowed to pass slowly into the bladder by regulating the pressure carefully. For these cases he starts with a 1 in 4000 solution, which is afterwards gradually increased. If cases are not quickly cured by this method extra-urethral accumulations of gonococci are present either in the prostate, the urethral glands or crypts of the fossa navicularis. Such cases he treats by a kind of gentle massage of the prostate or urethra, as the case may be, to express all secretions containing the cocci, followed by irrigation. In cases of stricture complicated with gonorrhea he uses the ordinary irrigation if the stricture is slight; if more severe, dilatation and irrigation combined at the same sitting. Cystitis, if due to simple irritation, he treats by irrigation of the bladder with small quantities of permanganate; if the cystitis is infective he combines silver nitrate with the permanganate (1 in 4000 of each), or else a 1 in 4000 solution of itrol. If orchitis is present he suspends irrigation till the acute symptoms have passed off.

The above is an excellent exposition of the modern and scientific treatment of gonorrhoea, oftentimes the bane of the physician as well as the patient.

Several valuable contributions on this subject, so important to the general practitioner, for it is especially into his hands this class of cases is liable to drift after initiatory symptoms have declared themselves, have been furnshed by Prof. Ferd Valentine, of New York. He has written largely and exhaustively on the subject of gonorrhea, and his results have exceeded the expectations aroused when this form of treatment was first inaugurated. The

after-consequences so dreaded in past years, when the hand syringe, combined with nauseous doses, formed the staple method of treatment, have been relegated to a condition of "innocuous desuetude," and the simple practical and definitely curative irrigation has taken their place.

To those of our readers who wish to enter more fully into this subject we recommend Prof. Valentine's valuable contributions. Dr. Valentine is professor of genito-urinary diseases at the New York School of Clinical Medicine.

BOTTINI'S OPERATION FOR HYPERTROPHY OF THE PROSTATE.

Freudenburg reports a case of complete retention from prostatic hypertrophy in a patient aged 63, which was entirely removed by galvano-caustic incision of the enlarged gland after the failure of bilateral castration. The urine, which after the first operation had remained turbid, became quite clear after the second, and the patient is now able to relieve his bladder regularly without using a catheter. This case, it is stated, shows that Bottini's operation acts directly by removing the obstacle to the discharge of urine, and not, as has been suggested, by merely destroying the orifices of the ejaculatory ducts, and the ganglia and nerves which extend to the vesiculae seminales and vasa deferentia. It is of practical importance also, as it suggests a doubt whether it be advisable to perform castration for the relief of urinary retention before an attempt has been made to overcome this result of prostatic enlargement by galvanic incision of the gland.

—Berlin klin. Woch., No. 46, 1897.

INCURABLE CANCER OF UTERUS.

Berton published the results in Winckel's wards of treatment of advanced uterine cancer by free burning of diseased tissue. The thermo-cautery was the agent for this purpose in all the cases. In 60.8 per cent. the patient remained free from the three cardinal symptoms, hemorrhage, discharge and pain, for from a fortnight to six months, or seven weeks on an average. Slight rise of temperature was observed in 32 out of 100 patients. Only 1 death is noted; the patient had already undergone scraping three times, and died nine days after the fourth application of the cautery from exhaustion.

—Centralbl. f. Gynak., No. 43, 1897.

PATHOLOGY AND TREATMENT OF PRIMARY TUBERCULOSIS OF THE KIDNEY.

This was the subject of an interesting paper by Israel at the last meeting of the Berlin Surgical Society. The teaching of Guyon, that tuberculosis of the kidney was usually the result of an upward extension from the bladder, has been reversed in the light of more extensive operative experience. In 21 cases in which the kidney was removed by Israel, the disease was primary in the kidney in 16. In three cases, although there was tubercle in the testicle, the disease was also primary in the kidney, and the bladder was not affected. Fully 30 per cent. of all suppurative conditions in the kidney are tubercular. Women are much more affected than men (12 out of 16 cases). Tubercle of both kidneys is rare (12 per cent.). The majority of patients are between 20 and 40. Israel distinguishes the following types:

1. A caseating form, with the formation of cavities, which is by far the most common (81 per cent.). In its advanced stages the condition may closely resemble "simple" pyonephrosis; the tubercle originates in the boundary area between cortex and medulla, more often at the poles (especially the lower), and may long remain stationary and localized; at this stage, partial removal of the organ may be undertaken, and has been performed by Israel in one case with perfect recovery. Even in the advanced cases the caseating form of renal tuberculosis yields the best results. Inasmuch as it is always possible to separate the parenchyma of the organ from its capsule, the author strongly recommends subcapsular enucleation as the routine procedure. Perinephritic abscesses are

secondary to the disease in the kidney, either by the bursting of a tubercular focus into the surrounding tissue, or by extension along the lymphatics; in the latter case, the capsula propria remains intact.

2. The second form is met with as a primary tubercular ulceration of the apices of the papillae, where these project into the calyces; it may be attended with profuse renal hematuria.

3. The third form is characterised by the presence of numerous tubercular nodules scattered throughout the entire kidney, without any tendency to softening. Death usually results from tuberculosis in distant organs. This form is fortunately very rare.

When tubercular disease of the kidney is left to itself, it tends to extend downwards along the urinary tract. Israel found the bladder infected in 11 out of 21 cases subjected to operation. Tubercle of the bladder is not to be regarded as a contra-indication to nephrectomy; the former condition is often influenced favorably by the removal of the diseased kidney. The condition of the other kidney is of greater importance. (The renal tuberculosis was bilateral in two out of 16 cases.) The existence of waxy degeneration and nephritis is to be investigated. Catheterization of the ureter is not conclusive, because albumin may be present in the urine from the other kidney, as a result of the diseased condition of the affected kidney, also because albuminuria is not a reliable evidence of renal tuberculosis; further, tubercle bacilli are very rarely to be demonstrated in primary tubercle of the kidney until the bladder has become involved. The simultaneous appearance of tubercle in the kidney and testicle, while the ureter and bladder are intact, proves that the former have been infected through the circulation and not by extension from one to the other.

The clinical symptoms of rênal tuberculosis consist in disturbances of micturition, which are often misinterpreted as evidences of cystitis; increased frequency and urgent desire to empty the bladder, along with burning or pain during micturition, are characteristic. Pain in the kidney itself, or attacks of colic with pyrexia, are less frequent. Hematuria was present in four out of 16 cases; in one case it was profuse and persistent, and was associated with primary ulceration of the apices of the papillae. The disturbance of the bladder functions is not to be regarded as evidence of disease in the bladder itself, but for the most part as "radiation-symptoms" originating in the kidney.

Israel reports 21 cases of partial or complete nephrectomy with eight deaths; three of these were attributed to shock, waxy disease, and chronic nephritis of the other kidney, and occurred shortly after the operation. The remaining five deaths occurred after the wound was healed, and were due to tuberculosis of other organs.

In Israel's experience, nephrotomy affords only temporary relief, and usually requires to be followed by nephrectomy; its mortality is very much the same as primary nephrectomy; it is therefore only to be practised when the renal tuberculosis is bilateral, and where a rapid operation is imperative.

—Centralbl. f. Chir., Leipzig, 1st Jan., 1898.

Albarran (of Paris) reports eight nephrectomies with one death on the 10th day of meningitis, and 11 nephrotomies with one death. All the successful nephrectomies are still alive, while, among the 10 nephrotomies, seven died after an interval ranging from three to seven months. These figures support the contention that nephrectomy is the better operation in renal tuberculosis. Nephrotomy is only a palliative operation. The respective indications for the two operations depend—(1) On the anatomical lesion of the affected kidney; (2) the condition of the other kidney; (3) the general condition of the patient. His conclusions may be said to agree with those of Israel.

—Rev. de chir., Paris, 1897, Suppl.

Current Medical Literature.

SCARIFICATION AS A METHOD OF TREATMENT IN ECZEMA AND PSORIASIS.

At a recent meeting of the Societe de Therapeutique, L. Jacquet (Sem. Med., March 2d) claimed to have been the first to employ systematically the scarification method of treatment in eczema and psoriasis. He begins by carefully cleansing the affected surfaces by the constant application for a longer or shorter period of time of cold potatoes poultices; these are often renewed, and are covered with elastic tissue; no antiseptic being added. When the surface has been thoroughly cleansed, he scarifies with a sharp point in parallel lines, 1 to 2 mm. apart, down to the superficial layer of the derma. The blood is allowed to flow freely, and bleeding is even kept up by the application of tepid boiled water; the surface is then covered with a few folds of tarlatan steeped in the boiled water until potato poultices can again be applied. These are kept on till the next sitting, which as a rule takes place three or four days later, when ever trace of the scarification has disappeared. Carried out in this manner the scarifications are well borne, even by children. The invariable result of each sitting is, according to Jacquet, that a few minutes after the operation there is increase of redness, with slight tension and heat; these phenomena last one, or at most two days, after which redness, swelling, heat, smarting and itching are distinctly less than before the scarification. By this method Jacquet says he has cured 11 cases of eczema of different kinds, all of which had proved refractory to other recognized modes of treatment. Among them were three cases of lichenoid eczema (of the dorsum of the feet, of the hands and of the forearms); one old bilateral eczema of the preauricular region; three of the face in adults, and four of the face in children. Six to seven sittings, according to the nature of the case, were required, and Jacquet states as a general rule that the resistance to the treatment increases in a regular ascent from acute eczematization to lichenoid eczema. In psoriasis the method is applicable only when the discs are isolated and few in number. It is indicated particularly in lesions of the hand and face, and, in the case of women, of the chest and the upper part of the back. It utility, though limited, is real; Jacquet says that by means of it he has completely cured two patients, one with psoriasis of the back of the hand in two months; the other, a woman who on account of the disease could not wear a low dress, in one month. In both these cases carefully applied treatment of all kinds had failed.

Bacon contends that adhesions of the female prepuce are as common a source of trouble in girls as in boys. They act as an irritant and lead to masturbation and various neuroses; they prevent development of the glans clitoridis and give rise to an eroticism. It is suggested that the prepuce of the new-born girl be examined, as well as that of the boy.

—The Philadelphia Medical Journal.

THE EARLY DIAGNOSIS OF CANCER OF THE STOMACH.

BY W. SOLTAU FENWICK.

A good example of this lately came under my notice, in the person of a medical man practising in London, who, while apparently in perfect health, indulged rather too freely at a public dinner, with the result that on the next day he suffered from the usual symptoms of acute indigestion. But instead of improv-

ing after a day or two, the stomach continued intolerant of solid food, and within a week even milk gave rise to discomfort. The patient rapidly lost flesh and strength, a nodular tumor made its appearance in the region of the lesser curvature, and death occurred at the end of five months from cancer of the body of the stomach, with numerous secondary growths in the liver and peritoneum. More frequently the disease commences with the symptoms of subacute gastritis, which recur at short intervals without obvious cause, until the development of some characteristic phenomenon demonstrates the real nature of the complaint. Loss of appetite or actual aversion to food constitutes one of the earliest symptoms which call for medical advice. Thus, a few years ago, a woman of middle age came under my care for what was supposed to be a neurosis of the stomach. Her only complaint was that for several weeks she had been unable to enter a butcher's shop to give the necessary household orders, because the sight of the raw meat made her vomit. She had also developed a most profound dislike to animal food, and restricted herself entirely to eggs, milk and farinaceous substances. There were no smyptoms of dyspepsia, nor could any signs of gastric disease be detected. A few weeks later the anorexia became complete, the patient rapidly lost flesh and strength, suffered from severe pain in the epigastrium, and finally died at the end of 11 months, from medullary carcinoma of the body of the stomach. Progressive emaciation and anemia are amongst the earliest objective symptoms of the disease, and must always be regarded with the utmost suspicion, when associated with a painful form of dyspepsia occurring after middle life. Finally, it must be borne in mind that loss of energy, or a feeling of extreme fatigue in the early hours of the afternoon, frequently occurs in connection with abdominal cancer; indeed, it is not unusual for medical advice to be sought, in the first instance, solely on account of this feeling of extreme weakness and lassitude.

—Edinburgh Med. Jour., March, 1898.

ABDOMINAL SECTION — AND AFTER?

The ultimate results of abdominal operations from which the patient recovers are not always entirely satisfactory. Dr. W. Taylor and Dr. W. Russell, of Edinburgh, reported eight years ago some very evil results following the use of the silk ligature in ovariotomy. In the discussion on Mr. Doran's paper on the Management of True and False Capsules in Ovariotomy, at he October meeting of the Obstetrical Society, Dr. Herbert Spencer pointed out that intestinal obstruction from the adhesion of intestine to the stump after ovariotomy was by no means rare, as the experience of general hospitals amply proved. A month later, at the Harveian Society, Mr. Doran showed how frequently hernia of the abdominal cicatrix followed laparotomies, the patient not invariably returning for relief to the original operator.

In the last volume of the Transactions of the Medical Society of London there is a highly instructive monograph on after-histories by Mr. J. D. Malcolm. In his table of over a score of cases in which an abdominal section has been performed a second time, will be found some valuable clinical records of obstruction after laparotomy. A very careful watch should be kept on all patients on whom a severe abdominal section has been performed; one of Mr. Malcolm's cases was watched for two, another for three and a third for 11 years, all ultimately requiring operative interference for intestinal obstruction.

Another question is that which was raised by Pfannenstiel in 1894 as to the condemning and removal of the apparently healthy fellow to an ovary bearing a new growth. He maintained that certain forms of ovarian tumor almost invariably infect both ovaries, one often very long after the other. This matter is grave, for recurrence causes the patient extreme distress, and its possibility places the operator in a dilema; he cannot feel certain whether it is best to remove a healthy ovary on speculation, or to leave it and distress the patient by reminding her that the disease may recur or to

say nothing and to risk discredit not entirely undeserved. The dread of intestinal obstruction accompanies almost every possible form of laparotomy, so the more we know about it the better. What the surgeon especially desires at present is not so much long series of any particular abdominal operation, showing the percentage of immediate recovery, as similar statistical work on after-histories. The result of labor of this kind is favorably displayed by Dr. Bangs, of New York, in an important article on the remote results after operations for renal tuberculosis. That writer has taken great pains in the classification of 135 cases, grouping separately not only the deaths and recoveries, but also such after-histories as could be placed under the heading "detailed statement," and such as consisted solely of a note that the patient was living so many years after operation.

—British Medical Journal.

THE PROGNOSTIC VALUE OF VARICOCELE IN TUMORS OF THE KIDNEY.

At a meeting of the French Urological Association, M. Leguen, of Paris, said that varicocele symptomatic of renal tumors had not only the great diagnostic importance attributed to it by M. Guyon, but also possessed great worth as regards prognosis. From a clinical and anatomo-pathological study the speaker was convinced that varicocele is not due to compression of the spermatic vein by the tumor, but by degenerated glands. He had had recently the opportunity of confirming upon a patient the conclusions to which he had been led two years ago. Patient presented himself with the three principal manifestations: hematuria, varicocele and tumor of the left lumar region. The diagnosis was cancer of the left kidney, large in bulk; and an exploratory laparotomy was performed in order to learn the size and connections of the growth. During the operation he perceived that the spleen only was enlarged, and that the kidney showed no degeneration. The patient did not react and died at the end of two days. At the autopsy a cancerous growth was found in the left kidney, together with an enormous mass of enlarged glands along the vertebral column and compressing the spermatic vein.

The case shows conclusively that there is no relation between the size of the tumor and the occurrence of varicocele. The latter is only an external sign of the secondary glandular involvment. According as a cancer is accompanied by a precocious or delayed varicocele we may conclude that the glands have been implicated. This conclusion, therefore, diminishes the hope that had been founded upon the results in the case of small tumors hitherto considered as curable by nephrectomy. In these conditions we should either not operate or, if intervention be attempted, all the glandular masses should be removed.

—La Tribune Medicale.

TUBERCULOUS ENDOCARDITIS.

Etienne has made a careful study of the occurrence of endocarditis in the course of tuberculous affections. Eliminating, of course, all chronic forms of endocarditis as having a very different origin, he finds that an acute form of inflammation of the cardiac valves is sometimes found associated with tubercle. Careful examination of these cases, however, throws doubt upon the specific origin of many, for, as the author shows, it is possible for septic conditions, such as are frequently found in the later stages of tuberculous disease to manifest themselves by endocarditis. In such cases careful microscopic examination has failed to reveal the presence of the tubercle bacillus in the vegetations, while, on the other hand, various forms of bacteria met with in other instances of endocarditis are easily demonstrated. Under these circumstances very many cases of endocarditis found in tuberculous patients are not to be considered as tuberculous endocarditis in the proper sense of the word. On the other hand, abstraction being made of all these, some few remain, in which small caseous foci may be discovered in the vegetations, and

the ordinary methods of staining reveal the presence of Koch's bacilli. Therefore, tuberculous endocarditis is certainly a pathological entity, though a rare one.

—Arch. de Med. Exper., January, 1898.

CAISSON DISEASE.

Hoche discusses the diseases of the nervous system caused by increased atmospheric pressure, as seen in diving, etc. He relates two cases occurring in men laying the foundation of a bridge. In both there was evidence of an affection of the dorsal cord; in one the lateral columns and in the other the posterior columns being chiefly involved. One case covered completely, and the other was making satisfactory progress. The author discusses minutely the mode of the origin of the disease. The symptoms do not appear for two to 30 minutes after the patients come up. Evanscent symptoms, including obscuring of the sight, tinnitus aurium, mental confusion and excitement, disturbed speech, loss of consciousness, monoplegias may be present. By far the most common manifestation is a spinal paraplegia, often of a spastic character. More rarely tabetic symptoms may be observed, which persist after the paraplegia has passed away. As regards life, the prognosis is good if the patient survives the first symptoms; and, as regards complete recovery, a tolerably large number get well. Sometimes a permanent exaggeration of the reflexes remains. There are very few cases which have been minutely and thoroughly examined in relation to the morbid anatomy. The author refers to researches, experimental and other, of Leyden, Bert, Rensselaer, and others, as well as to the investigations of Kadyi into the vascular distribution in the spinal cord. He arrives at the following conclusions: The disease is produced by the too rapid change from high to lower pressure, gas being liberated in the blood and tissue fluids, especially nitrogen. The quantity of such gas escaping determines the severity of the disease. The gas in the form of bubbles makes its way like emboli into the central nervous system, and produces here an ischemic softening ies. The distribution of the gas bubby obstruction of the terminal arterbles partly depends on the vascular arrangements. The type of dorsal paraplegia is directly due to the peculiarities in the distribution of the vessels of the cord. The relatively good prognosis is due to the easily absorbed gaseous emboli. The author also refers to the question of compensation for injury in this disease, and he contends that such compensation may be enforced, as the complaint is quite on a different footing from such lesions as those of chronic lead or phosphorus poisoning.

—Berl. klin. Woch., May 31, 1897.

ACROMEGALO-GIGANTISM.

Matignon describes the case of a Chinaman, aged 25 years, who was at the same time a giant and subject of some of the changes characteristic of acromegaly. He was 1 metre 83 cm. in height, being 20 cm. above the ordinary stature of the Chinese, and this in spite of the fact he had marked scoliosis which developed at the age of 19. The signs of acromegaly were the dorsal curvature, prognathism, exaggerated development of the lower extremities of the humeri and radii, and the large size of the mastoid processes. The general giant growth was however more prominent than the acromegaly. Brissaud in 1896 applied the term "acromegalo-gigantism" to this combination. In Matignon's case there was great muscular weakness, and while some parts of the body had developed excessively others showed arrest or retrogression of their ordinary development; the thyroid and testes were in a rudimentary condition, and the deltoid, the muscles of the arm, and of the thenar and hypothenar eminences were partially atrophied. The author speculates as to the subsequent course of events, and as to whether the signs of acromegaly will eventually become so marked or even more prominent than those of gigantism. He has seen another case of acromegaly in Pekin. The patient was a Tartar woman without any signs of general giant growth.

—La Medecine Moderne, November 6, 1897.

THE OPERATIVE SURGERY OF GASTRIC ULCER.

Heydenreich gives the indications for surgical interference in gastric ulcer: (1) In perforation it is absolutely necessary as early as possible before the perforation, and to wash out the abdomen. Since 1894 the mortality after operation has fallen to 52.94 per cent., and without operation the condition is almost necessarily fatal. (2) For stricture of the pylorus. In this condition it is hard to distinguish obstruction from swelling of the tissues round the ulcer, or from pyloric spasm from true fibrous stricture. For the latter there are three possible operations: (a) Resection of the pylorus; (b) gastro-enterostomy; (c) pyloroplasty. Of these the first is the most dangerous, and has no advantages over the others, unless the ulcer can be excised with the pylorus. Pyloroplasty is not applicable if the ulcer extends to the pylorus, or where the pylorus is adherent, and its walls have lost their softness. When there is a choice between the second and third methods Mikulicz prefers pyloroplasty. (3) Operation may be required for adhesions or abscesses in connection with the ulcer. These are mostly very hard to diagnose, but it must be remembered that in some cases of persistent pain exploratory laparotomy is justified. (4) For hematemesis. Since sudden death is the exception, and many cases recover with medical treatment, the propriety of operation is still doubtful. Hartmann's 12 cases gave eight deaths and four recoveries. The author believes the chief point to be the quantity of blood lost. For violent hemorrhage laparotomy has almost always failed. Sometimes the infiltration of the surrounding tissues has rendered excision of the ulver or ligaturing the bleeding vessel impossible. Often the bleeding comes from a branch of the splenic artery, whose territory is very difficult to reach, and sometimes the ulcer has been too small to be found. For slighter hemorrhages, which become dangerous through repetition, operation may be successful; usually pyloroplasty or more often gastro-enterostomy have been performed in such cases with a view to procuring rest of the stomach, and consequently of the ulcer and its healing. (5) This last consideration has led some to propose gastro-enterostomy for cases of uncomplicated gastric ulcer. The general death-rate for all cases of gastric ulcer is 25 to 30 per cent., for gastro-enterostomy only 16.2 per cent., and therefore the operation has less danger than the disease. Another advantage of not waiting for complications is that the patient is in better health. At any rate cases which do not improve with medical treatment in a reasonable time should be treated surgically.

—Sem. Med., February 2, 1898.

THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE.

Anzilotti draws attention to the successful results obtained by surgical interference with the cervical sympathetic in the treatment of exophthalmic goitre. Unilateral or, better still, bilateral excision of the superior or middle cervical ganglion with the intervening cord brought about notable improvement in 14 cases. Diminution of the exophthalmos, goitre, and tachycardia, and in many cases true cure, occurred after this procedure. No trophic disturbance followed, nor organic alteration in the integrity and power of accommodation. Myosis was the most constant after-effect; congestion of the face, lachrymation, and hypersecretion of nasal mucus were also observed. When no result follows the operation it is probably owing to some abnormal anatomical distribution of the cervical sympathetic. On the theory that exophthalmic goitre is due to some poison in the thyroid circulation it is difficult to explain why the vasomotor disturbances should be localized to the upper part of the body alone.

—La Clin. Mod., An. 4, n. 7.

SPONTANEOUS RUPTURE OF THE UTERUS DURING LABOR.

Poroschin comments on the want of exact knowledge of the cause of this condition. Most cases have been explained, either by the mechanical theory of Bandl or by structural alterations in the uterine wall due to chronic interstitial metritis, fatty degeneration, tuberculosis, etc. There remains a minority of cases to which neither explanation will apply, and in this group Dawdioff has concluded that the accident is generally due to alterations in the elastic connective tissue of the uterus. He finds that in seven cases of spontaneous rupture of the uterus, the elastic fibres were thickened, markedly shortened, and indistinctly outlined, with knob-like thickenings in the bends of the fibres. In the light of these researches, Poroschin gives the following case: A patient, aged 45, 11-para, had a fall on her back two days before the onset of labor. After the fall she felt no fetal movements, neither had she any pain before labor began. Labor pains, at first weak, became stronger and more frequent. After several very strong pains the patient became pale, with the lips cyanotic, and a pulse of 120, hardly felt; at the same time she complained of violent abdominal pain. The membranes were ruptured, and blood-stained amniotic fluid came away. After a few minutes a dead child was born by expression. As there was much hemorrhage the placenta was expressed by Crede's method. Under the treatment the bleeding was arrested, but the patient gradually sank. A necropsy revealed a zig-zag rent, 2 1-2 inches long, in the long axis of the posterior uterine wall; this rent did not involve the serous covering of the uterus. The author explains the rent as due to the sudden bending of the uterus in its long axis over the spinal column when the patient fell, so that the tissues tore on the inner surface of the organ. The bleeding partly loosened the placenta, and led to the death of the fetus. Under the influence of strong pains the edges of the rent were drawn apart, and led to the fatal hemorrhage. Microscopic examination revealed a complete absence of elastic connective tissue in all the sections taken near the rent. To this fact is attributed the readiness with which rupture was produced. The absence of elastic tissue is in turn explained by the age and repeated pregnancies of the patient.

—Cent. f. Gynak., Feb. 19, 1898.

IODIDE OF POTASSIUM IN METRORRHAGIA FROM UTERINE FIBROMA.

P. Boquet reports very good results from the use of iodide of potassium in the treatment of metrorraghia connected with uterine fibroma. Two years ago he was called to a woman, aged 47, with a large uterine fibroma which caused continual metrorrhagia, so that the patient had to spend most of her time in bed. There were evident marks of syphilis on various parts of her body, and she stated that she had been infected by a child whom she had nursed 20 years before; the disease had never been treated. On the hypothesis that the syphilis had something to do with the evolution of the fibroma, Boquet prescribed iodide of potassium, 2 grains a day the first week, this dose being increased by 1 grain weekly during three consecutive weeks, so that in the fourth week the woman was taking 5 grains daily; after this the dose was reduced to 2 grains a day. A fortnight after the beginning of the treatment the bleeding ceased, and soon the syphilitic lesions began to disappear. At a later period the iodide was discontinued, and soon afterwards the bleeding began again; the remedy was again administered, but in smaller doses, and finally the patient was able to remain two, then three, and afterwards six months without taking the iodide and without any return of the metrorrhagia. Encouraged by this result he gave iodide of potassium in the same doses administered in the same way to four other women suffering from fibroma with metrorrhagia, but absolutely free from syphilis. In all these cases the bleeding was stopped, pains ceased, and the size of the tumor was markedly diminished. Boquet suggests that

iodide of potassium exerts a special effect on the genital organs of women, and he thinks that the drug might be tried not only in metrorrhagia connected with uterine fibroma, but also in hemorrhagic metritis.

—Sem. Med., March 2.

THE ABSOLUTE INDICATION FOR CESAREAN SECTION IN THE KYPHOTIC PELVIS.

Guerard discusses the lowest limit of contraction in kyphotic pelves that demands Cesarean section. It has usually been held that when the distance between the ischial tuberosities is as little as 5.5 cm. (2.2 inches) Cesarean section is inevitable. He relates a case in which this diameter was 4.7 cm. only. The circumstances were most favorable for Cesarean section; but neither husband nor wife would consent to it; so there was no alternative but to attempt delivery through the natural passages by sacrifice of the child. This was done successfully, the operation lasting one and a-half hour. The child was fully develop. The author quotes a case related by Brewis, in which a forceps delivery was effected with safety to both mother and child, the distance between the ischial tuberosities being 5.8 cm.; and a case by Torggler from Schauta's clinic, where the same result was obtained with a diameter of 5.5 cm. He concludes that 5.5 cm. is not the lowest limit of the absolute indication for Cesarean section; but that on the whole each case must be judged on its merits.

—Cent. f. Gyn., January 22, 1898.

TREATMENT OF RENAL AFFECTIONS DURING PREGNANCY.

O. Pasteau and J. D. d'Herbecourt report the case of a patient 4 1-2 months pregnant, who suffered from purulent cystitis. She had suffered from leucorrhea for six months. The region of the right kidney was full, dull and very tender; pyelonephritis by direct infection from the bladder was diagnosed. Irrigation of the bladder was resorted to, with improvement of the bladder signs, but the temperature continued high. When a large quantity of urine was evacuated the temperature generally fell for a time. On one occasion artificial distension of the bladder was done for purposes of ureteroscopy, and though the examination of the ureter could not be effected, it was observed that the temperature fell for several hours afterwards, so they determined, when the cystitis, had subsided, to distend the bladder artificially at regular daily intervals for a few moments. This was done, with the result that the temperature remained normal, and the patient was confined naturally at eight and a-half months. The authors explain the results by supposing that the right ureter used to become temporarily blocked by pressure of the gravid uterus. Distension of the bladder raised the uterus and freed the ureter.

—Bull. de la Soc. Obst. et. Gyn. de Paris, February 10, 1898.

DISEASES OF WOMEN AND HYDRONEPHROSIS.

Pfannenstiel removed, in two cases, a hydronephrotic kidney of great size, where the urine had been perfectly healthy, yet at the operation the opposite kidney was found to bear an abscess. In one case the patient had disease of the appendages with strong adhesions; in the second abortion had occurred, and sepsis complicated the already complex condition. Pfannenstiel declares that in future he will not place implicit faith in healthy urine as evidence of a healthy kidney when its fellow is hydronephrotic. He will rather rely on fixing the dropsical kidney to the parietes and draining its cavity. Then he will watch the patient for some time, and, should all go well, remove the cystic kidney, but should there be suspicion as to the soundness of its fellow, he would ultimately close the fistula in the loin.

—Allegemeine med. Centralzeitung, No. 27, 1897.

THE MERCURIAL TREATMENT OF SYPHILIS.

Schwimmer while agreeing that removal of the primary sore can at best palliate and never cure the disease, recommends that the use of mercury should be begun before the onset of secondary symptoms. He states that of 15 cases of severe early syphilis seen by him during the last three years not one had been mercurially treated. He deprecates any reliance being placed on the severity of the primary symptoms as a guide to the subsequent course of the disease, and holds that all cases should undergo the same medicinal treatment. He points out that the discovery of the organisms of the soft sore and of gonorrhea has led to no improvement in the therapeutics of those disorders, and considers that the possibility of a bacterial cause for syphilis should not interfere with its present empirical treatment. With regard to the duration of treatment, with which the question of permissibility of marriage is bound up, Schwimmer quotes two cases in which, after prolonged treatment and freedom from symptoms, patients were allowed to marry; no infection of the wives took place, and each had two healthy children. Nevertheless each developed eight years after infection further syphilitic mischief, in one case affecting the testicle, in the other the periosteum. He concludes that the most prolonged treatment (three years Fournier, five years Neisser) cannot absolutely protect against relapses. As such lengthy treatment is very depressing both physically and morally, he considers two years enough, but does not recommend marriage till the end of the third or fourth year.

—Wien. med. Presse, 1897, No. 44.

LAVAGE IN THE GASTRO-INTESTINAL AFFECTIONS OF SUCKLINGS.

O. Cozzolino describes the operation of washing out the stomach as practised upon infants. It is contraindicated in the case of infants in a state of collapse, and in those suffering from affections of the respiratory organs or from cardiac lesions. The author regards it as the best means of rapidly and certainly cutting short an attack of infantile dyspepsia, and of preventing the concomitant diarrheo and gastro-intestinal catarrh. It is also of use in habitual vomiting when this is due to a catarrhal lesion of the digestive tract, and the child shows a decrease in body weight or an insufficient increase; in cases of prolonged labor, where the infant has swallowed much liquor amnii; and in nervous disturbances, such as convulsions, which are often due to the irritation of noxious products remaining in the alimentary canal. It is also of use in infants who have been given soothing syrups containing opium, and who are suffering from the effects of that drug. Cozzolino regards as rather fanciful Troitzky's suggestion that lavage should be used as a preventive measure when lactation is disturbed by moral affections, etc., in the nurse.

—La Pediatria, January, 1898.

THE SERUM TREATMENT OF DIPHTHERIA.

Botticher, of the Giessen Clinic, concludes a paper on this subject. As regards dose 1500 units were injected at once on admission. It is important, especially in country practice, that a sufficiently large dose should be given at the outset. In the clinic the injection was given into the outer side of the thigh. All other local treatment was omitted except the inhalation from weak salicylic acid solutions. Careful symptomatic treatment was always carried out, especially with the object of maintaining the patient's strength. Among 200 cases injected during the last 17 months there was a mortality of only 8 per cent. The previous mortality was calculated at 44 per cent., but the total difference cannot, of course, be without further consideration, placed exclusively to the credit of the serum treatment. In the cases where tracheotomy was necessary, the mortality has also fallen very considerably. In the diphtheria of infants the good results were very obvious, so that in 65 infants under 2 years only 11,

or 16 per cent., died. Again, tracheotomy has been considerably less often required, the diminution being to the extent of 33 per cent. The earlier the treatment is begun the more favorable the results. Thus, of 185 cases treated within the first four days only 8 died, or 4.3 per cent. If Bose's previous statistics from the same clinic be included, the death rate with this early treatment was only 3.6 per cent., and among the tracheotomised 8.8 per cent. The mortality steadily increased when the treatment was begun on the fifth day and later. In children with previous pulmonary disease like bronchitis the prognosis is especially unfavorable; three such cases were admitted, and died of the respiratory affection some time after they had recovered from the diphtheria. The author has included three cases in his statistics which were almost moribund on admission. If these were left out the total mortality would stand at 6.5 per cent., and that among the tracheotomised at 12.5 per cent. The effect of the serum treatment on the general condition of the patient and on the local lesion was obvious. Even severe laryngeal symptoms yielded under sufficient doses of the serum. The necessity of doing tracheotomy or inturbation on the second half of the first day of the serum treatment, or even on the second day or later, never arose. No ill-effects were observed. In only five children was any rash seen, and this soon disappeared. No painful joint affection, high fever, or unfavorable action on the general condition was noted. Among his other conclusions the author also mentions that the serum treatment protects against a diphtheritic infection of the tracheotomy wound.

—Deut. med. Woch., January 13 and 20th, 1898.

INDICATIONS FOR SULPHUR BATHS.

Partes, of Herkulesbad, gives a detailed analysis of the external and internal therapeutics of sulphur waters, and lays down the following indications for their use: (1) In chronic catarrh of the respiratory organs, dependent more upon venous hyperaemia and unaccompanied by any special complication. (2) Circulatory disturbances in the abdomen and the gastric and intestinal disorders evoked by them. (3) Various exudative processes in joints, muscles and bones, defective callus formation after fractures, chronic periostitis, caries and necrosis, callous ulcers, tendro-vaginitis and deficient mobility after various injuries in which surgical interference is not indicated. (4) Chronic phlebitis, periphlebitis and inflammations of the skin. (5) Various forms of chronic rheumatism, gout and rheumatic and nervous paralyses. (6) Metallic poisoning, especially by lead and mercury and its after-effects. (7) Syphilis, sciatica and neuralgia. To test the value of the sulphur treatment careful histories and states should be taken and the cases followed up long after leaving the baths. The good and bad results must be classified and tabulated for purposes of comparison.

—Wien. med. Presse, 1897, No. 49.

THE BLOOD IN ARTIFICIAL UREMIA.

Monari has carried out a long series of researches on the bacteriological condition of the blood in animals rendered artificially uremic. The animals employed were dogs and rabbits in a condition of perfect health, and the methods of inducing uremia were, first, ligature of the ureters; secondly, excision of the kidneys. In all cases control experiments were made on healthy animals. The presence of micro-organisms in the blood was ascertained in 24 out of 30 cases; in the remaining six they were absent; in 17 only one species of micro-organisms was found; in 23 there were more. It was also found that the same organisms existed in the serous cavities under the same conditions. Eight times the organisms seemed to be identical with the bacterium coli; in seven cases this existed in association with staphylococcus pyogenes albus; once with a streptococcus; while in eight the staphylococcus was found in a pure condition. To account for the

origin of these organisms the author carried out other series of experiments, taking care to exclude any possibility of entrance from the seat of operation. The idea which suggested itself to the writer was that the bactericidal power of the blood is greatly reduced in uremic conditions in a manner similar to the alterations in its corpuscles, density and oxydizing power, questions which have been recently carefully studied. As a result of his experiments he considers that there is a considerable diminution in the bactericidal power of the blood under these conditions. He furthermore investigated results of injecting toxic products of different cultures into the blood, with the result that a fatal termination was precipitated. The general conclusions drawn by the writer are that in uremia certain micro-organisms find their way into the circulation most probably from the intestine, and that owing to the altered condition of the blood they are liable to multiply, and their products are harmful to the economy.

—Lo Sperimentale, 1897.

PROTOZOA IN MULTIPLE CEREBRAL SCLEROSIS.

Jurgens records a case of multiple cerebral sclerosis associated with the presence of bodies which he gives reason for considering protozoa. The patient was an infant, which died about three months after the first onset of symptoms (convulsions, etc.). The head became hydrocephalic, and at the necropsy the dura mater was tense, the ventricles distended and the substance of the cerebrum (white and gray matter) varied in consistency. The heart showed in its substance light gray streaks one-third of an inch long and about one-tenth of that in breadth. In these areas the muscle substance was found on microscopical examination to be absent, the space of each cell being taken up by one or two oval bodies about the size of lymph cells, with strongly refracting nuclei. Other bodies were round, with marked granulation of their contents, but without nuclei. There were also larger cysts with finely granular contents. At the margin of the gray streaks the invasion of the muscular substance by these bodies could be observed. They presented ameboid movements. They had not produced any other obvious affection of the heart, but Jurgens suggests that by their increase they would have led to insufficiency of the cardiac muscle. In the tougher areas of the brain he found marked cell proliferation of recent date. On rubbing up portions of brain substance in a mortar with distilled water enormous numbers of protozoa were found, which appeared to be identical with those found in the muscular substance of the heart. Six rabbits were inoculated with this material, and a similar affection of the heart to that observed in the infant was produced. He believes that the organism was a micro-sporidium.

—Deut. med. Woch., March 10, 1898.

VIRGINIA HOT SPRINGS.

BY JOSEPH R. CLAUSEN, A. M., M. D.

In a recent issue we devoted considerable space to a discussion of the climatic conditions which, together with its healing waters, combine to make the Hot Springs Valley of Virginia a health resort without equal in the known world.

These conditions are so perfectly adapted to the needs of the system debilitated by disease as to appear as though the all-wise Ruler of the universe had located in this favored spot a divinely appointed and regulated sanitarium, where nature is at once physician, nurse, attendant and medicine.

Briefly enumerated these are a uniform temperature, always delightful and never at any time too warm or too cool, a climate wholly exempt from moisture and equally free from violent changes of any character, air that is dry, bracing and invigorating both night and day, an environment that is at once an inspiration and an incentive to proper exercise, which in turn is followed by no other reaction than healthful fatigue, a hearty appetite and the ability to rest perfectly at night.

Add to these surroundings that appeal pleasantly to every sense and faculty—mountains that are high enough and rugged enough to be picturesque, and yet low enough to be verdure-clad to the very summit; beautiful walks and drives interspersed by view points where the scenic beauty is veritably intoxicating, and you have an earthly paradise, for such is the Hot Springs Valley.

But even in the true paradise habitations are necessary, for we are told in Holy Writ that "there are many mansions there." They are equally so in this earthly counterpart.

The Hot Springs Company have provided several which would afford fitting shelter for a kingly retinue, the most notable of which in point of size, beauty and appointments is the palatial hostelrie appropriately named "The Homestead."

It crowns a knoll that overlooks the bath house and springs and is immediately contiguous to them. It is rectangular in shape, with a spacious court in the centre, its situation being such that sunlight and air have full play on each of its fronts, and the court as well. The rooms, which are large, bright and airy, are arranged en suite, and furnished throughout in accordance with the latest and most approved designs. The appointments in the dining room, lobby and other public rooms are the very richest, combining elegance with comfort. The heating arrangements are perfect throughout the house, and entirely under the control of the occupants of the rooms. The appliances for securing a perfect ventilation both in corridors and rooms are specially worthy of mention, insuring as they do pure, fresh air at all times without drafts or fluctuations of temperature. Most, if not all, of the suites are provided with private baths, and fireplaces, adapted to burning wood, while all are brilliantly lighted by electricity. In short, this magnificent structure has been carefully constructed throughout with reference to the most improved sanitary conditions. Last, but by no means least, the hotel is under the management of a most courteous gentleman —Mr. Fred Sterry—who does everything in his power to contribute to the comfort and entertainment of his guests, in which effort he is ably seconded by the genial clerk of the hotel, Mr. Orlander Sterry.

The hotel entrance is but a short distance from the bath house, to which patients unable to walk are conveyed by wheel or Sedan chairs, closed or open.

And right here we want to suggest the only improvement we believe could be made to this otherwise perfect structure, and that in the form of an addition.

We believe it would add greatly to the comfort of such of the guests who are pronounced invalids under treatment at the baths if a covered passageway were constructed between the hotel and bath houses. It could be built at comparatively little cost and would certainly meet with great appreciation.

Now a word about the bath house, which is a central and most important feature of the valley. It is a splendid structure built in the colonial style of architecture from plans made after studying the best European examples, and adapting them to the special conditions and requirements of the springs and grounds. It cost to build $150,000.

The appointments are of the finest order. Well-furnished resting rooms for men and women are provided on each floor. On the upper floor—reached by a grand stairway and a commodious elevator—is a large, comfortable hall, called the Solarium, where patrons can rest and enjoy sun baths, or congregate for social intercourse. Adjoining this is a large gymnasium, supplied with all necessary appliances.

The temperature of the building and its ventilation in every part is readily controlled by the most modern system. It is in perfect command and assures fresh, dry air of uniform temperature in bath rooms and all other parts of the building in all seasons and under all conditions of the weather.

The baths given are of all known kinds and combinations, many of the most effective of these being of an

exclusive character and not to be had elsewhere.

The bathing attendants are among the most experienced and skillful in the country; they, together with every detail of the management, being under the efficient superintendence of that most capable of managers, Mr. Stimson.

Of the treatment in detail we may have something to say later on.

Book Reviews.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. 1898. Sixteenth year. E. B. Treat & Co., 241 West Twenty-third street, New York, Publishers. Price, $3.

This work is now looked forward to as comprising nearly all the advancement in the medical literature of the times. As an annual in concise and practical bearings it has no superior, while its moderate price recommends it to all.

The present issue is improved over those previous by the appearance of an atlas of the Bacteria Pathogenic in Man, by Dr. S. G. Shattock, England, accompanied by practical descriptions of the methods of isolating and examining disease germs which will render detection more easy to the general practitioner.

It would be impossible in our brief space to cite all the additions of the work over that of the year previous. Among the most important is the X-ray progress as a diagnostic and therapeutic agent. We have also to mention the excellent article on Electro-therapeutics, by Dr. Rockwell, of New York.

Progress in other departments of medicine have been enumerated, and some excellent articles written thereon. We are sure most practicing physicians will want a copy.

CLINICAL REPORTS AND NOTES ON UNGUENTINE. Fourth edition. Norwich Pharmacal Co., Publishers, Norwich, N. Y.

This is a monograph on the uses of Unguentine, with a citation of cases from different physicians, who have used the preparation. Very neatly compiled and useful.